

Filing at a Glance

Companies: American Economy Insurance Company, American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, SAFECO Insurance Company of America
Product Name: WC 07-0223 SERFF Tr Num: SAFC-125210610 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-025332
Sub-TOI: 16.0004 Standard WC Co Tr Num: 07-0223 State Status:
Filing Type: Rule Co Status: Reviewer(s): Carol Stiffler
Authors: Martha Locke, Elizabeth Miller, Robert Kolenda Disposition Date: 07-05-2007
Date Submitted: 07-03-2007 Disposition Status: Approved
Effective Date Requested (New): 07-01-2008 Effective Date (New): 07-01-2008
Effective Date Requested (Renewal): 07-01-2008 Effective Date (Renewal):

General Information

Project Name: Reference Rule Filing Status of Filing in Domicile: Not Filed
Project Number: Domicile Status Comments:
Reference Organization: NCCI Reference Number: AR-2007-05
Reference Title: Elimination of the Manual of Underground Coal Mine Rules Advisory Org. Circular:
Filing Status Changed: 07-05-2007
State Status Changed: 07-05-2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
This is to inform you that we propose to adopt NCCI approved Item 01-AR-2007 for new and renewal policies effective on and after July 1, 2008. We are submitting this filing according to your Prior Approval statutes.

Company and Contact

Filing Contact Information

Martha Locke, Filings Analyst marloc@safeco.com
4333 Brooklyn Ave NE (206) 925-0286 [Phone]
Seattle, WA 98185-9903 (206) 545-3478[FAX]

Filing Company Information

American Economy Insurance Company CoCode: 19690 State of Domicile: Indiana
4333 Brooklyn Ave NE Group Code: 163 Company Type:
Seattle, WA 98105-9903 Group Name: State ID Number:
(206) 545-5000 ext. [Phone] FEIN Number: 35-1044900

American States Insurance Company
4333 Brooklyn Ave NE
Seattle, WA 98105-9903
(206) 545-5000 ext. [Phone]

CoCode: 19704
Group Code: 163
Group Name:
FEIN Number: 35-0145400

State of Domicile: Indiana
Company Type:
State ID Number:

First National Insurance Company of America
4333 Brooklyn Ave NE
Seattle, WA 98105-9903
(206) 545-5000 ext. [Phone]

CoCode: 24724
Group Code: 163
Group Name:
FEIN Number: 91-0742144

State of Domicile: Washington
Company Type:
State ID Number:

General Insurance Company of America
4333 Brooklyn Ave NE
Seattle, WA 98105-9903
(206) 545-5000 ext. [Phone]

CoCode: 24732
Group Code: 163
Group Name:
FEIN Number: 91-0231910

State of Domicile: Washington
Company Type:
State ID Number:

SAFECO Insurance Company of America
4333 Brooklyn Ave NE
Seattle, WA 98105-9903
(206) 545-5000 ext. [Phone]

CoCode: 24740
Group Code: 163
Group Name:
FEIN Number: 91-0742148

State of Domicile: Washington
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$125.00
Retaliatory? No
Fee Explanation: \$25.00 per company for filing by reference to NCCI rules

\$25 per co. x 5 cos. = \$ 125
Per Company: No

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 0001372882 | \$125.00 | 07-03-2007 |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 07-05-2007 | 07-05-2007 |

Disposition

Disposition Date: 07-05-2007

Effective Date (New): 07-01-2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | NAIC Loss Cost Filing Document for Workers' Compensation | Approved | Yes |
| Supporting Document | NAIC loss cost data entry document | Approved | Yes |
| Supporting Document | Cover Letter | Approved | Yes |
| Supporting Document | Filing Fee Letter | Approved | Yes |

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

| | | | |
|-------------------------|---|-----------------------------------|------------|
| Satisfied -Name: | Uniform Transmittal Document- Property & Casualty | Review Status: Approved | 07-05-2007 |
| Comments: | | | |
| Attachments: | | | |
| PC TD.pdf | | | |
| PCRRFS.pdf | | | |
| Bypassed -Name: | NAIC Loss Cost Filing Document for Workers' Compensation | Review Status: Approved | 07-05-2007 |
| Bypass Reason: | N/A | | |
| Comments: | | | |
| Bypassed -Name: | NAIC loss cost data entry document | Review Status: Approved | 07-05-2007 |
| Bypass Reason: | N/A | | |
| Comments: | | | |
| Satisfied -Name: | Cover Letter | Review Status: Approved | 07-05-2007 |
| Comments: | | | |
| Attachment: | | | |
| Ltr.pdf | | | |
| Satisfied -Name: | Filing Fee Letter | Review Status: Approved | 07-05-2007 |
| Comments: | | | |
| Attachment: | | | |
| Filing Fee Ltr.pdf | | | |

Property & Casualty Transmittal Document

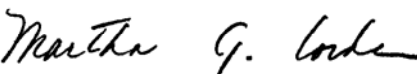
| | |
|---|---|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only |
| | a. Date the filing is received: |
| | b. Analyst: |
| | c. Disposition: |
| | d. Date of disposition of the filing: |
| | e. Effective date of filing: |
| | f. State Filing #: |
| | g. SERFF Filing #: |

| | |
|----------------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Safeco Insurance Companies | 163 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # |
|---|----------|--------|------------|
| American Economy Insurance Company | IN | 19690 | 35-1044900 |
| American States Insurance Company | IN | 19704 | 35-0145400 |
| First National Insurance Company of America | WA | 24724 | 91-0742144 |
| General Insurance Company of America | WA | 24732 | 91-0231910 |
| Safeco Insurance Company of America | WA | 24740 | 91-0742148 |

| | |
|-----------------------------------|---------|
| 5. Company Tracking Number | 07-0223 |
|-----------------------------------|---------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|---|---------------------------------------|--|--------------|-------------------|
| | Martha Locke Safeco Plaza, C-2 Seattle, WA 98185-0001 | Commercial Lines Filing Analyst | 206-925-0286 | 206-545-3478 | marloc@safeco.com |
| 7. | Signature of authorized filer | |  | | |
| 8. | Please print name of authorized filer | | Martha Locke | | |

Filing information (see General Instructions for descriptions of these fields)

| | |
|---|--|
| 9. Type of Insurance (TOI) | 16.0000 |
| 10. Sub-Type of Insurance (Sub-TOI) | 16.0004 |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | N/A |
| 12. Company Program Title (Marketing title) | N/A |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: 7/1/2008 Renewal: 7/1/2008 |
| 15. Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Reference Organization (if applicable) | National Council on Compensation Insurance, Inc. (NCCI) |
| 17. Reference Organization # & Title | Elimination of the Manual of Underground Coal Mine Rules |
| 18. Company's Date of Filing | 7/3/2007 |
| 19. Status of filing in domicile | <input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document—

| | | |
|-----|---|---------|
| 20. | This filing transmittal is part of Company Tracking # | 07-0223 |
| 21. | Filing Description [This area should be similar to the body of a cover letter and is free-form text] | |

This is to inform you that we propose to adopt NCCI approved Item 01-AR-2007 for new and renewal policies effective on and after July 1, 2008. We are submitting this filing according to your Prior Approval statutes.

| | |
|--|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
| <p>Check #: 0001372882 Amount: \$125.00</p> <p>\$25.00 per company for filing by reference to NCCI rules</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> | |

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

| | | |
|-----------|--|---------|
| 1. | This filing transmittal is part of Company Tracking # | 07-0223 |
|-----------|--|---------|

| | | |
|-----------|---|--|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | |
|-----------|---|--|

☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

| | | |
|-----------|--|----------------|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | Prior Approval |
|-----------|--|----------------|

| | | | | | | |
|------------|---|--|--|--|--|--|
| 4a. | Rate Change by Company (As Proposed) | | | | | |
|------------|---|--|--|--|--|--|

| Company Name | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
|------------------------------------|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| American Economy Ins. Co. | N/A | N/A | N/A | N/A | | |
| American States Ins. Co. | N/A | N/A | N/A | N/A | | |
| First National Ins. Co. of America | N/A | N/A | N/A | N/A | | |
| General Ins. Co. of America | N/A | N/A | N/A | N/A | | |
| Safeco Ins. Co. of America | N/A | N/A | N/A | N/A | | |

| | | | | | | |
|------------|--|--|--|--|--|--|
| 4b. | Rate Change by Company (As Accepted) For State Use Only | | | | | |
|------------|--|--|--|--|--|--|

| Company Name | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | Minimum % Change |
|--------------|-----------------------|---|--|----------------------------------|------------------|------------------|
| | | | | | | |
| | | | | | | |

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|-----------|--|--|--|
| 5. | Overall Rate Information (Complete for Multiple Company Filings only) | | |
|-----------|--|--|--|

| | | COMPANY USE | STATE USE |
|-----------|--|-------------|-----------|
| 5a | Overall percentage rate impact for this filing | N/A | |
| 5b | Effect of Rate Filing – Written premium change for this program | N/A | |
| 5c | Effect of Rate Filing – Number of policyholders affected | N/A | |

| | | |
|-----------|---|-----|
| 6. | Overall percentage of last rate revision | N/A |
| 7. | Effective Date of last rate revision | N/A |
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | N/A |

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn? | Previous state filing number, if required by state |
|-----------|--|---|---|
| 01 | | [] New [] Replacement [] Withdrawn | |

Safeco Plaza
Seattle, WA 98185-0001

Phone (206) 545-5000
www.safeco.com



July 3, 2007

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

| | |
|---|-----------|
| American Economy Insurance Company | 163-19690 |
| American States Insurance Company | 163-19704 |
| First National Insurance Company of America | 163-24724 |
| General Insurance Company of America | 163-24732 |
| Safeco Insurance Company of America | 163-24740 |

Workers Compensation – Reference Rule Filing
Proposed Effective Date: July 1, 2008
Company File Number: 07-0223

Ladies/Gentlemen:

This is to inform you that we propose to adopt NCCI approved Item 01-AR-2007 for new and renewal policies effective on and after July 1, 2008. We are submitting this filing according to your Prior Approval statutes.

Please contact me if you have any questions concerning this filing.

Sincerely,

A handwritten signature in black ink that reads "Martha G. Locke". The signature is written in a cursive, flowing style.

Martha G. Locke
Commercial Filings Analyst
SBI State Filings Department (C-2)
(206) 925-0286
FAX (206) 545-3478
marloc@safeco.com
ML/eam



July 3, 2007

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

| | |
|---|-----------|
| American Economy Insurance Company | 163-19690 |
| American States Insurance Company | 163-19704 |
| First National Insurance Company of America | 163-24724 |
| General Insurance Company of America | 163-24732 |
| Safeco Insurance Company of America | 163-24740 |

Workers Compensation – Reference Rule Filing
Proposed Effective Date: July 1, 2008
Company Filing Number: 07-0223
SERFF Filing Number: SAFC-125210610

Attached is the filing fee for the above filing, check number 0001372882, sent via SERFF on July 3, 2007.

Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Martha G. Locke".

Martha Locke
Commercial Filings Analyst
SBI State Filings Department (C-2)
(206) 925-0286
FAX (206) 545-3478
marloc@safeco.com
ML/eam